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2	SHERMAN & SHALLOWAY 413 N. Washington Street Alexandria, Virginia 22314					Direct Telephone Calls to: (Name and telephone number) (703) 549-2282			
0	OF INVENTOR	FAMILY NAME KIRBY			FIRST GIVEN NAME Kenneth		SECOND GIVEN NAME		
11	CITIZENSHIP POST OFFICE	Lake Park		STATE OR COUNTRY Florida		CITIZENSHIP U.S.			
	ADDRESS	POST OFFICE 8631 Uranus			CITY			STATE, ZIP, COUNTRY	
2	FULL NAME OF INVENTOR	FAMILY NAME			Lake P			Florida 33403 USA	
0	RESIDENCE &	CITY	PETTERS	SON	Berne			SECOND GIVEN NAME	
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	ADDRESS	1100 3rd. S			CITY		İ	STATE, ZIP, C	COUNTRY
2 I	FULL NAME OF INVENTOR	FAMILY NAME			Perry	T.1.D.		Georgia 31069	
0 6	RESIDENCE &	CITY			FIRST GIVEN NAME STATE OR COUNTRY		SECOND GIVEN NAME		
3 P	POST OFFICE POST OFFICE ADDRESS			O.T.		CITIZENSHIP			
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COMMINED DECLARATION (Include Reference t	N FOR F /T APPLICATION O PCT I ernational App	AND POWER OF ATTORI	DOCKET
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ny residence, p	ost office address and c	itizenship are as stated	d below next to my
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COMPOSITIONS FOR RA	PID AND NON-IRRITATING	TRANSDERMAL DELIVERY OF	
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		AND D	ELIVERY THEREOF
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I hereby state tha identified specifi to above.	t I have reviewed and un cation, including the c	derstand the contents of laims, as amended by any	f the above- ramendment referred
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